

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/744752	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2							52				
3							53				
4	31						54				
5	10						55				
6	10						56				
7	10						57				
8	10						58				
9	10						59				
10	10						60				
11	10						61				
12	10						62				
13	10						63				
14	10						64				
15	10						65				
16	10						66				
17	10						67				
18	10						68				
19	10						69				
20							70				
21			1				71				
22				1			72				
23				1			73				
24				1			74				
25				1			75				
26				1			76				
27				1			77				
28				1			78				
29				1			79				
30				1			80				
31				1			81				
32				1			82				
33				1			83				
34				1			84				
35				1			85				
36				1			86				
37				1			87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		1				TOTAL IND.				
TOTAL DEP.	19		16				TOTAL DEP.				
TOTAL CLAIMS	20		17				TOTAL CLAIMS				

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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